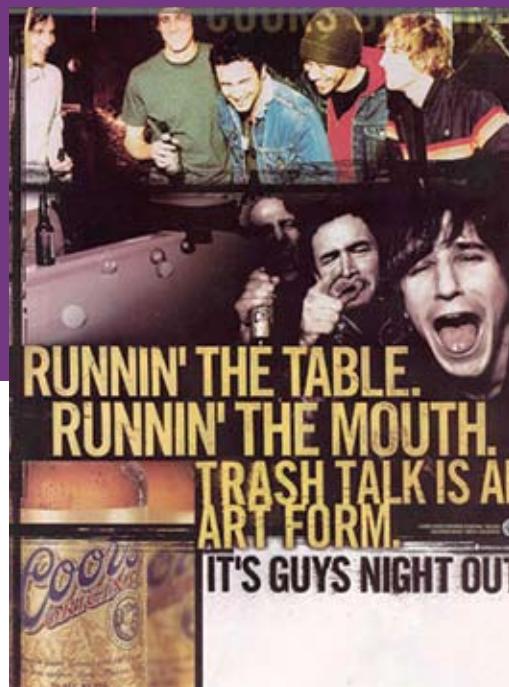
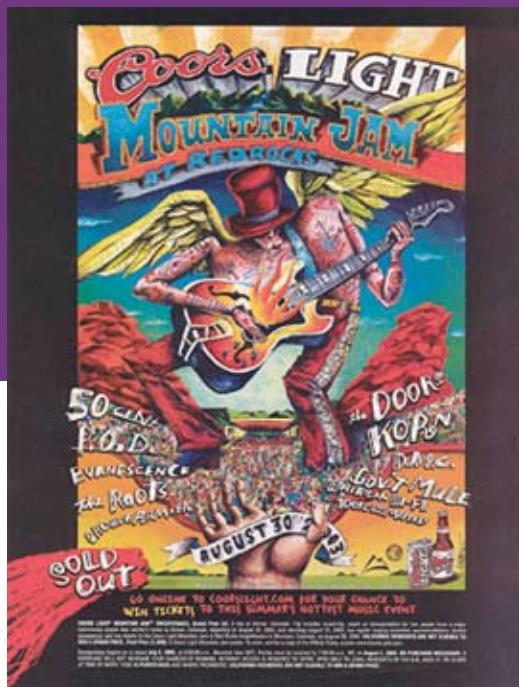


FALL 2005

Alcohol, Tobacco and Other Drugs

Prevention File



ALCOHOL MARKETING

■ Global Alcohol Marketing and Youth—
Public Health Perspectives

■ Introducing Cultural Change
In New Zealand

■ U.S. Versus European Youth
Drinking

Nicotine Brew

Drinking and smoking go hand-in-glove for many, but bans on smoking in bars in an increasing number of countries and cities has led one brewer to develop a nicotine-laced beer. That way, smokers do not have to exit their favorite watering hole to get a nicotine fix by lighting up on the sidewalk.

A German beer producer, Nautilus, has announced that it is currently testing NicoShot, a beer containing 6.3 percent alcohol and three milligrams of nicotine per bottle.

"Many countries have a smoking ban in bars and restaurants," a Nautilus spokesperson said. "With our beer, you won't have to go outside for a quickie."

And, Nautilus is hoping that NicoShot will help people smoke less.

"While NicoShot can lessen cravings, it is not a 'cure' for smoking," the Nautilus spokesperson said. "But it can help you make changes in your lifestyle without having to walk out of the bar for a quick smoke to deal with sudden withdrawal symptoms."

Really Hard to Quit

Up to half of smokers continue to light up cigarettes after being diagnosed with cancer even though tobacco use substantially increases a patient's risk of death, a new study shows. Some cancer patients never quit at all, while others relapse after they finish therapy, according to an article online in the journal *Cancer* (Nov. 28, 2005).

Glen Morgan, a psychologist with the National Cancer Institute's tobacco control research branch, who was not involved in the study told *USA Today* that quitting smoking is tough even in the best of circumstances. According to the American Cancer Society, 70 percent of smokers want to quit, but only 5 percent succeed.

The trauma of being diagnosed with cancer can make it harder to quit because many smokers use cigarettes to cope with stress, Morgan said. Smokers are most likely to quit if they develop a careful game plan—something that is tougher to do when life is turned upside down by cancer. But Morgan also said that cancer also can motivate smokers to quit.

Good Neighbors in San Francisco?

According to *The San Francisco Chronicle* (Oct. 5, 2005), in San Francisco's battle against chronic inebriation among the homeless who are taxing the emergency medical system, Mayor Gavin Newsom and other city officials are exploring new policies to limit alcohol sales.

The city is considering asking liquor store owners in troubled neighborhoods, such as the Tenderloin, South of Market and the Third Street corridor, to sign "good neighbor agreements."

For example, stores might be asked to limit their hours, stop selling certain types of high-octane alcohol, or, even not sell liquor at all on the 1st and 15th of each month, when welfare checks are usually distributed.

Legislation drafted by Supervisor Sophie Maxwell, whose district includes Third Street in Bayview-Hunters Point, calls for the city to have direct control over certain aspects of alcohol retailers, which currently is governed solely by the state Department of Alcoholic Beverage Control.

The legislation includes provisions on educating stores about how to be good neighbors and discourage illegal activity. It also would allow the city to fine not-so-neighborly stores and limit how they operate.

Fire-Safe Cigarettes Yield Fewer Deaths

In June 2004 New York became the first state to require that tobacco companies sell self-extinguishing cigarettes. Fire-safe cigarettes are identified by an asterisk, dash or diamond next to the bar code on the pack. They will go out if they're not puffed on regularly.

Last year 28 people died in fires in New York blamed on cigarettes. Deaths from such fires totaled 43 in 2000, 44 in 2001, 38 in 2002, and more than 30 in 2003, for which the state has incomplete data. The records also show a month-to-month decline after New York required the new "fire-safe" cigarettes.

"We are encouraged by the results and hope the trend continues," said Laurence Sombke of the state Office of Fire Prevention and Control in an Associated Press dispatch.

About 900 Americans die each year and another 2,500 are hurt by fires started by unattended cigarettes.

Vermont will begin requiring the sale of self-extinguishing cigarettes in May 2006. In September, the California Assembly sent Gov. Arnold Schwarzenegger a bill to require that all cigarettes sold in California be designed to go

out when they're not being puffed. The bill is modeled on New York's law. In Canada, sales of fire-safe cigarette began on Oct. 1.

Too Close for Comfort

The government is too close to the drinks industry to deal with growing alcohol-related problems, says Wayne Hall, a professor in Queensland University's office of public policy and ethics, in an article in the *British Medical Journal* (Sept. 2005).

Hall critiques policies for dealing with excessive drinking that leads to violence and deaths. He says Australia has brought alcohol consumption down over the past two decades, while it has soared in the United Kingdom.

"The UK government's new alcohol policy, which includes 'partnership' with the alcohol industry, shows all the hallmarks of regulatory capture in that it embraces the industry's diagnosis and preferred remedies for the alcohol problem," he writes.

"The problem, in the industry's view, is a 'minority' of drinkers who engage in antisocial behaviour and put their health at risk; the preferred remedies are public education about safe drinking, improved policing, better treatment for alcohol problems and self regulation by the alcohol industry—the policies which evidence suggests are the least likely to reduce problem drinking."

The government, he says, has failed to introduce the most effective measure—imposing higher taxes on higher strength alcoholic drinks.

"It justifies this decision by saying that increased price has not been shown definitely to reduce harm due to alcohol, an assertion at odds with the views of the world's leading researchers on alcohol."

Instead of reducing access to alcohol, the government "embraces the paradoxical idea that allowing drinking for up to 24 hours a day will reduce binge drinking and public disorder," said Hall.

Control Tobacco, Save Lives in Viet Nam

Vietnam could save more than 230,000 lives over the next three decades through tobacco control policies common in other countries, such as raising taxes, blocking youth access, launching an anti-smoking campaign, banning advertising and limiting indoor smoking.

At 55 percent of all male adults, Vietnam has among the highest smoking rates in the world. Comprehensive tobacco control efforts could

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GLOBAL ALCOHOL MARKETING



FOR YEARS, CRITICS HAVE SAID THAT THE ALCOHOL INDUSTRY TRY DELIBERATELY TARGETS

TEENS. The industry has responded to such charges by saying its advertising is not only lawful but also not a significant factor in kids' decisions about drinking.

Now a series of articles and commentaries published in Special Section on Alcohol Marketing and Youth in the *Journal of Public Health Policy* (26, 2005) review the growing body of research from various countries linking alcohol marketing and youth drinking and discuss the policy responses available to countries seeking to reduce youth exposure to alcohol marketing.

"In recent years, the marketing of alcohol has grown more sophisticated and more global. The global alcohol industry has become increasingly concentrated and dominated by a small number of large transnational companies, resulting in global branding and the development of global marketing strategies.

Attached to a rapidly diffusing global youth culture, alcohol marketing interacts with existing tendencies in developing countries for youth to use alcohol as an inexpensive badge of Western identity. Where it is allowed free rein—which is most of the world—this marketing floods the traditional media of broadcast, print and

AND YOUTH— PUBLIC HEALTH PERSPECTIVES

outdoor, and also takes advantage of new technologies such as viral marketing (strategies that encourage individuals to pass on a marketing message to others, creating the potential for exponential growth in the message's exposure and influence) and the Internet, mobile phone texting and branded events," say David H.

Jernigan, PhD, director of the Center on Alcohol Marketing and Youth, and James F. Mosher, JD, director of the Center for the Study of Law and Enforcement Policy, editors of the JPHP special section.

David A. Kessler, MD, dean of the School of Medicine and vice chancellor for medical affairs at the University of California, San Francisco, and former commissioner of the U.S. Food and Drug Administration, points out in his commentary that in the United States the Federal Trade Commission as well as the National Research Council and Institute of Medicine have made common-sense recommendations to reduce youth exposure to alcohol marketing.

"Young people aged 12 to 20 years, the group at risk for initiating drinking, comprise around 15 percent of the U.S. population. The Institute of Medicine asked companies to move towards this as the maximum percentage



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Techno
Direct Drive

NATIONAL MEETING OF THE STATES ON PREVENTING UNDERAGE ALCOHOL USE

At least three developments from the recent National Meeting of the States on Preventing Underage Alcohol Use, convened by the U.S. Substance Abuse Mental Health Services Administration and the federal Inter-Agency Coordinating Committee on Preventing Underage Drinking, mark progress on recommendations from a number of alcohol control advocates, including the Center for Science in the Public Interest. They are:

- Recognition of the problem at the cabinet level by the Secretary of Health and Human Services. In opening remarks to conference participants, HHS Secretary Michael Leavitt called underage drinking "a significant national problem" and asked states to re-dedicate themselves to combating it. His remarks put the Secretary on record in favor of doing more to reduce underage drinking. He noted that efforts to curb underage drinking have lagged glaringly behind efforts and successes in reducing youth smoking and street drug use.
- Ad Council PSAs that address harms and confront parental complacency. Secretary Leavitt announced the launch of a new multi-media Ad Council/SAMHSA underage drinking prevention campaign. It portrays the risks of future addiction and other harms associated with early drinking and urges parents to "start talking before they start drinking."
- Surgeon General's "Call to Action." U.S. Surgeon General Richard Carmona announced his intention to launch a first-ever national "Call to Action" on underage drinking prevention. Such action has long been a top priority for groups such as CSPI, MADD, Leadership to Keep Children Alcohol-Free, and other members of the National Alliance to Prevent Underage Drinking.

For more information go to www.cspinet.org/booze/2005/Nat_Meeting_of_States.htm.

for youth in their advertising's audiences. The Federal Trade Commission called for "no-buy" lists to keep alcohol advertising off the television programming most popular with youth, and no product placements in PG (parental guidance recommended)—or G (suitable for general audiences)—rated movies.

"Every country needs to look at this issue, and do what it can to limit young people's exposure to alcohol marketing. This year, the World Health Assembly passed its first resolution regarding alcohol in 25 years. Perhaps this will lead to greater international leader-

ship on this issue in the future. Treatment of alcohol as an ordinary commodity in trade agreements flies in the face of everything we know and everything we have learned about preventing addiction among our children," said Kessler.

In addition the World Medical Association has called for restricting the promotion and advertising of alcohol to young people (see page 8).

Gerard Hastings, of the Institute for Social Marketing and Centre for Tobacco Control Research at the University of Stirling in

Scotland, and his co-authors acknowledge that after more than 30 years of research, the influence of alcohol marketing on young people is still a matter of heated debate.

"The alcohol and advertising industries quote data, especially from econometric studies, showing that advertising has little or no effect on consumption; public health academics use the broader evidence base to argue the reverse conclusion," the researchers said.

In their review of the research literature, Hastings and his colleagues say that much of the research has focused on advertising rather than marketing. And while most econometric studies provide little evidence of an effect, their focus on population level effects means

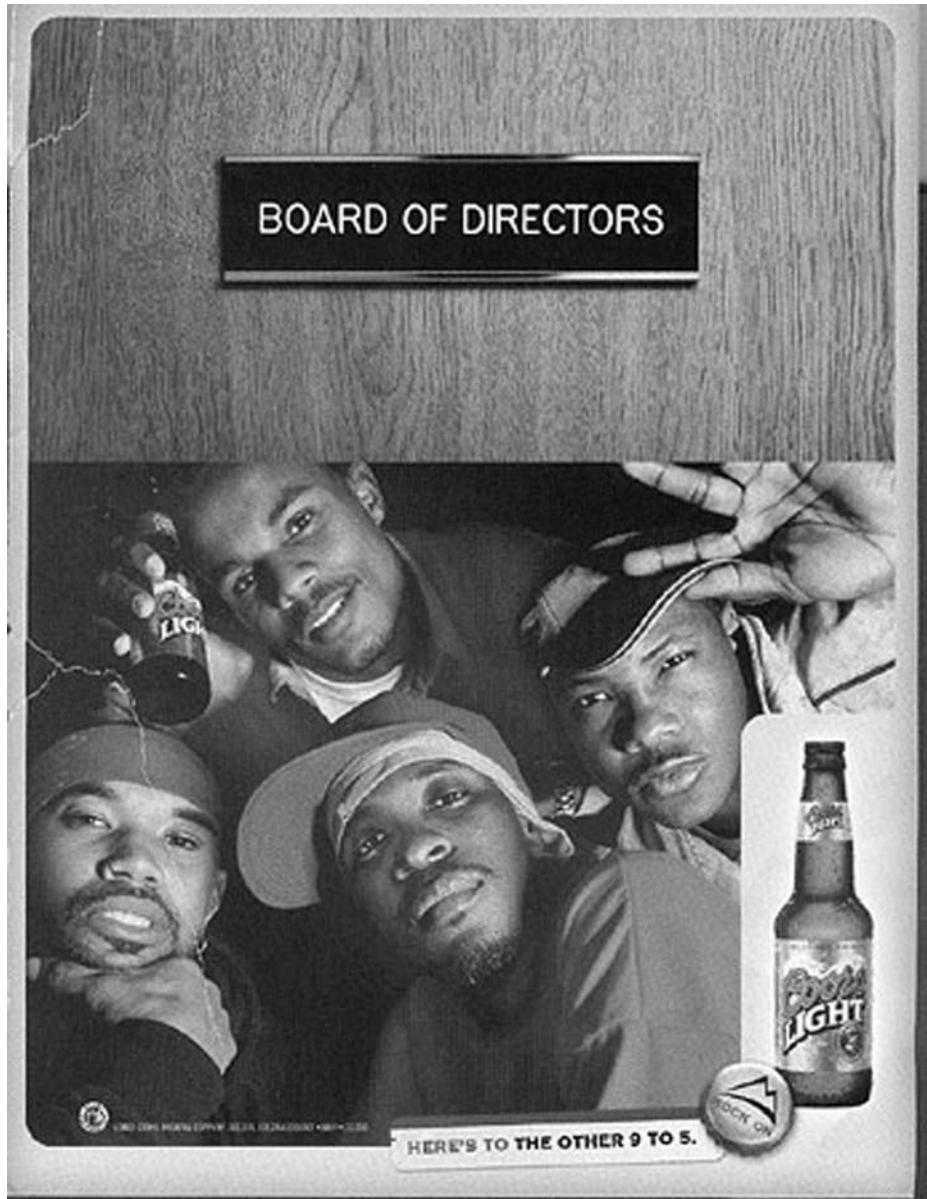
The alcohol and advertising industries quote data, especially from econometric studies, showing that advertising has little or no effect on consumption; public health academics use the broader evidence base to argue the reverse conclusion.

they can tell us little about young people. However, "consumer studies overcome this deficiency and do suggest that there is a link between advertising and young people's drinking knowledge, attitudes and behaviour."

The researchers point out that advertising is just one element of marketing that also involves getting the right product at the right price in the right place.

"Just as all forms of advertising are harnessed in an 'integrated marketing communications mix,' so marketing communications also form just part of the overall marketing mix. There is now sufficient research evidence on the constituent elements of this marketing to say that the balance of probabilities now favours the conclusion that it is having an effect. The fact that exactly the same conclusions have been drawn for tobacco and food marketing suggests that plausibility is moving to veracity."

Sally Casswell, PhD, Centre for Social and Health Outcomes Research and Evaluation at Massey University in New Zealand, and Anna Maxwell, DPh, Alcohol Healthwatch, say that the marketing of alcohol produces a new challenge for policy development internationally, in part because of the increase in the use of new, unmeasured technologies.





**Many of
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developments
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ity to attempts to monitor and to restrict the impact of marketing on young people and other vulnerable groups. Current attempts to restrict marketing globally, which rely primarily on voluntary codes and focus on traditional media, are inadequate to these challenges. A new statutory framework is required to enable the monitoring and control of the full marketing mix in ways which match the sophistication of the marketing efforts themselves," say the researchers.

Casswell and Maxwell call for a global-level response to what is increasingly an international industry, using media that do not recognise boundaries. "Especially pressing is the monitoring and control of marketing activities in emerging markets and societies in transition to market economies, in which voluntary codes are unlikely to be well enforced.

"Many of these new developments are, as yet, relatively invisible in the policy arena. New approaches in branding, the utilization of marketing opportunities via branded events and new products provide additional complex-

The World Health Organization's Technical Consultation on the Marketing and Promotion of Alcohol to Young People recommended that 'the WHO assist countries in taking all legislative or regulatory steps necessary to ensure that young people are not exposed to promotional messages about alcohol.' An international convention for alcohol based on the model of the Framework Convention on Tobacco Control and with clear limits on alcohol marketing should be explored as part of a global response to alcohol-related problems."

To read all the articles in the Special Section on Global Alcohol and Marketing in the *Journal of Public Health Policy* go to www.palgrave-journals.com/jphp/journal/v26/n3/index.html. Free online access is available until February 2006 and has been made possible by the Center on Alcohol Marketing and Youth at Georgetown University, with support from The Pew Charitable Trusts and the Robert Wood Johnson Foundation. □

WORLD HEALTH ORGANIZATION'S ALCOHOL RESOLUTION



World Health Organization

On May 25, 2005, the General Assembly of the World Health Organization adopted a resolution calling on WHO to examine public health problems caused by the harmful use of alcohol. It was the first time that WHO had considered such a resolution since 1983. The WHO said that changing global drinking patterns, rising rates of consumption, and drinking to excess particularly among young people are some of the factors which contribute to the harmful use of alcohol becoming one of the leading risks to health. It now results in 4 percent of the global burden of disease as a causal factor in more than 60 diseases, including cardiovascular disease, mental disorders, road traffic injuries and death, and high-risk behaviours.

The resolution calls for this:

Requests Member States:

- to develop, implement and evaluate effective strategies and programmes for reducing the negative health and social consequences of harmful use of alcohol
- to encourage mobilization and active and appropriate engagement of all concerned social and economic groups, including scientific, professional, nongovernmental and voluntary bodies, the private sector, civil society and industry associations, in reducing harmful use of alcohol
- to support the work requested of the Director-General below, including, if necessary, through voluntary contributions by interested Member States

Requests the WHO Director-General:

- to strengthen the Secretariat's capacity to provide support to Member States in monitoring alcohol-related harm and to reinforce the scientific and empirical evidence of effectiveness of policies
- to consider intensifying international cooperation in reducing public health problems caused by the harmful use of alcohol and to mobilize the necessary support at global and regional levels
- to consider also conducting further scientific studies pertaining to different aspects of possible impact of alcohol consumption on public health
- to report to the Sixtieth World Health Assembly on evidence-based strategies and interventions to reduce alcohol-related harm, including a comprehensive assessment of public health problems caused by harmful use of alcohol
- to draw up recommendations for effective policies and interventions to reduce alcohol-related harm and to develop technical tools that will support Member States in implementing and evaluating recommended strategies and programmes
- to strengthen global and regional information systems through further collection and analysis of data on alcohol consumption and its health and social consequences, providing technical support to Member States and promoting research where such data are not available
- to promote and support global and regional activities aimed at identifying and managing alcohol use disorders in health-care settings and enhancing the capacity of health-care professionals to address problems of their patients associated with harmful patterns of alcohol consumption
- to collaborate with Member States, intergovernmental organizations, health professionals, nongovernmental organizations and other relevant stakeholders to promote the implementation of effective policies and programmes to reduce harmful alcohol consumption
- to organize open consultations with representatives of industry and agriculture and trade sectors of alcoholic beverages in order to limit the health impact of harmful alcohol consumption
- to report through the Executive Board to the Sixtieth World Health Assembly on progress made in implementation of this resolution.

For more information on the WHO resolution go to www.who.int/nmh/a5818/en/index.html

DOCTORS SPEAK OUT ON ALCOHOL

Population-based approaches that affect the social drinking environment and the availability of alcoholic beverages are more effective than individual approaches, such as education, for preventing alcohol related problems and illness.

PHOTO BY JEFFREY L. COOPER FOR PREVENTION
PHYSICIANS FROM AROUND THE GLOBE have called for far-reaching measures to help reduce the global impact of alcohol on health and society. At the World Medical Association's 56th General Assembly in Santiago, Chile, in October, physicians from more than 40 coun-

tries approved a statement warning the "regular alcohol consumption and binge drinking in adolescents can negatively affect school performance, increase participation in crime and adversely affect sexual performance and behavior."

The WMA says that in recent years constraints on the production, mass marketing and patterns of consumption of alcohol had been



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weakened, resulting in the increased availability of alcohol and changes in drinking patterns across the world. This had created a global health problem which urgently required intervention.

Measures proposed by the WMA include the possible setting of a minimum legal purchase age, restricting hours or days of sale and the number of sales outlets, increasing alcohol taxes, and implementing effective measures to deal with alcohol impaired driving.

The WMA also proposes restricting the promotion, advertising and provision of alcohol to young people, work on reducing the harmful use of alcohol in the workplace, the promotion of evidence-based prevention strategies in schools, and screening patients for alcohol use disorders and at-risk drinking.

The WMA statement said that alcohol use was deeply embedded in many societies. Some four percent of the global burden of disease was attributable to alcohol, accounting for as much death and disability as tobacco or hypertension.

Overall, there was a relationship between alcohol consumption and more than sixty types of disease and injury, including traffic fatalities.

"Alcohol advertising and promotion is rapidly expanding throughout the world and is increasingly sophisticated and carefully targeted, including to youth. It is aimed to attract, influence, and recruit new generations of potential drinkers despite industry codes of self-regulation that are widely ignored and often not enforced.

"Heavy drinkers and those with alcohol-related problems or alcohol dependence cause a significant share of the problems resulting from consumption. However, in most countries, the majority of alcohol-related problems in a population are associated with harmful or hazardous drinking by non-dependent 'social' drinkers, particularly when intoxicated. This is particularly a problem of young people in many regions of the world who drink with the intent of becoming intoxicated," the statement says.

It went on to say: "Although research has found some limited positive health effects of low levels of alcohol consumption in some pop-





ulations, this must be weighed against potential harm from consumption in those same populations as well as in the population as a whole.

"Thus, population-based approaches that affect the social drinking environment and the availability of alcoholic beverages are more effective than individual approaches, such as education, for preventing alcohol related problems and illness. Alcohol policies that affect drinking patterns by limiting access and by discouraging drinking by young people through setting a minimum legal purchasing age are especially likely to reduce harm. Laws to reduce permitted blood alcohol levels for drivers and to control the number of sales outlets have been effective in lowering alcohol problems."

Yoram Blachar, MD, chairman of the WMA, said: "We would now like to see a Framework Convention on Alcohol Control similar to that of the World Health Organization Framework Convention on Tobacco Control that took effect earlier this year."

The WMA urges National Medical Associations and all physicians to support the measures outlined in its Statement on Reducing the Global Impact of Alcohol on Health and Society.

The U.S. American Medical Association Office of Alcohol and Other Drug Abuse drafted the statement and received comments from six inter-

nationally renowned alcohol experts. Donald Zeigler, deputy director of the Office, led the statement's development. In May, 2005 AMA submitted the draft statement to the WMA's Socio-Medical Affairs Committee.

The SMA Committee sought comments from the WMA world-side membership. Prior to the annual WMA General Assembly meeting in October in Santiago, Chile, the WMA received comments from ten national medical associations. The AMA reviewed those comments and incorporated most into the final document, which was presented to the General Assembly for a vote.

"Since then, we have received favourable comments from alcohol policy advocates throughout the world. Hopefully, the statement will support local and national efforts to advance comprehensive alcohol policy. Aside from including evidence-based strategies well known to the field, the statement calls for treating alcohol as no ordinary commodity in trade agreements and for consideration of a Framework Convention on Alcohol Control, based on the model and experience of the Framework Convention on Tobacco Control,"

said Zeigler (see *Prevention File*, Vol. 16, No. 4, Fall 2001).

WMA is an international organization representing physicians. It was founded on September 17, 1947, when physicians from 27 different countries met at the First General Assembly of the WMA in Paris. The organization was created to ensure the independence of physicians, and to work for the highest possible standards of ethical behavior and care by physicians, at all times. This was particularly important to physicians after the Second World War, and therefore the WMA has always been an independent confederation of free professional associations. Funding has been by the annual contributions of its members, which has now grown to approximately 80 National Medical Associations. □



For more information on WMA go to www.wma.net/e/index.htm.

U.S. VERSUS EUROPEAN YOUTH DRINKING

For a majority of these European countries, a greater percentage of young people report having five or more drinks in a row; and a great majority of the European countries have higher intoxication rates among young people than the United States.

FOR THE MOST PART, young people in Europe are permitted to purchase alcohol at younger

ages than those in the United States, who must reach age 21 before they can buy beer, wine and distilled spirits. Many Americans believe that U.S. youths drink more frequently and experience more alcohol-related problems than do their European counterparts, leading to calls for changes in alcohol policies and prevention initiatives, such as eliminating minimum drinking age laws and developing programs that teach "responsible" drinking.

But in fact, do European youths drink less and experience fewer problems? A new report from the Pacific Institute for Research and Evaluation says that is just not true. In fact, in comparison with young

people in the United States, a greater percentage of young people from nearly all European countries report drinking in the past 30 days.

In addition, for a majority of these European countries, a greater percentage of young people report having five or more drinks in a row; and a great majority of the European countries have higher intoxication rates among young people than the United States. Less than a quarter had lower rates or equivalent rates to the United States.

The PIRE report is based on data from the 2003 European School Survey Project on





If the early socialization to drinking that is assumed to be typical of Europe is such that it fosters responsible drinking, then we would expect to see much lower rates of binge drinking there than in the United States

Alcohol and Other Drugs (ESPAD) and the 2003 United States Monitoring the Future Survey (MTF).

The ESPAD survey collected data in 2003 from 15- to 16-year-old students in 35 European countries. The MTF survey is conducted annually among 8th, 10th, and 12th graders in the United States.

Both surveys reported the rates of young people who said that they had at least one drink of any alcoholic beverage during the past 30 days. These 30-day prevalence rates are often used as an indicator of the number of current or regular drinkers in a population. In the 2003 MTF survey, 35 percent of 10th graders reported that they had a drink in the past 30 days. It turns out that the United States is a low consumption country by European standards. With the exception of Turkey, at 20 percent, every European country in the ESPAD survey had higher prevalence rates. And, in most cases the rates of current drinking far exceeded those observed in the United States. Austria had the highest rate—82 percent. Iceland, at 37 percent, and the United States had essentially equivalent prevalence rates on this measure.

The report points out that while fewer American adolescents are current drinkers than is the case for a vast majority of European countries, it was not clear if the patterns of drinking are such that European adolescents are more at risk for problems.

"It may be, for example, that more of them drink, but do so moderately in a family context. Consuming five or more drinks in a row is one measure of heavy episodic or 'binge' drinking that is frequently used. This style of drinking is known to be associated with increased risk for a number of problems including DUI, fighting, truancy, and involvement in criminal activities such as theft, burglary, and assault.

"... If the early socialization to drinking that is assumed to be typical of Europe is such that it fosters responsible drinking, then we would expect to see much lower rates of binge drinking there than in the United States." the report says.

Again, it turns out that in many cases the percentage of young people reporting drinking five or more drinks in a row is considerably higher in European countries than that for the United States. Only Turkey (15 percent) has a substantially lower rate than the United States, which is at 22 percent. Indeed, that rate is lower than those for Italy (34 percent) or Greece (39 percent), countries that could be considered typically southern European. Denmark (60 per-

The report concludes that there is no evidence that the stricter laws and policies regarding drinking by young people in the United States are associated with higher rates of intoxication.

cent) and The Netherlands (68 percent) top the list, followed closely by Germany and Ireland, both at 57 percent.

Both ESPAD and MTF ask for 30-day prevalence rates for self-reported intoxication. The report says that to the extent that the more liberal policies and attitudes toward drinking in Europe contribute to a more responsible drinking style among adolescents, "one would expect to find lower rates of intoxication among young Europeans."

But, as with binge drinking, U.S. youths report a moderate rate of intoxication (18 percent) compared with their European peers.

According to the report, the United States is somewhat higher on this measure than some countries (e.g., Cyprus, France, Greece, Portugal, Romania, Turkey), substantially lower

than others (e.g., Austria, Denmark, Finland, Greenland, Ireland, Isle of Man, United Kingdom), and essentially equivalent to still others (e.g., Italy, Malta). Only for Turkey and Cyprus are the prevalence rates substantially lower than for the United States.

The report concludes that "there is no evidence that the stricter laws and policies regarding drinking by young people in the United States are associated with higher rates of intoxication. Equally, there is no evidence that the more liberal policies and drinking socialization practices in Europe are associated with lower levels of intoxication."

The full report *Youth Drinking Rates and Problems: A Comparison of European Countries and the United States* can be found at www.udetc.org/documents/CompareDrinkRate.pdf. □



STILL MADD



IN 1980, CANDY LIGHTNER'S 13-YEAR-OLD DAUGHTER CARI was struck and killed in Fair Oaks, California, by a repeat driving while intoxicated offender. The leniency of the sentence given to her daughter's killer so outraged Lightner that she organized

Mothers Against Drunk Drivers (MADD) to raise public awareness of the serious nature of drunken driving and to promote tough legislation against the crime.

The name was later changed to Mothers Against Drunk Driving, and now as MADD celebrates its 25th anniversary, it has grown into a well-known and respected nationwide organization with over 600 chapters.

MADD can take much of the credit for the sea change over the past 25 years in the way the U.S. public views alcohol-impaired driving—and how these offenses are treated in the criminal justice system.

In a 2003 report from the Prevention Institute in Oakland, CA, Marilyn Sabin, assistant director of operations for the

California Office of Traffic Safety, said that "MADD has done some amazing mind changing over the years," citing MADD's role in bringing about increased enforcement, prosecution, and punishment of DUIs, as well as tougher DUI laws, such as the lowering of the legal intoxication level in many states.

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the US public views
alcohol-impaired
driving—and how
these offenses
are treated in the
criminal justice
system.**

"MADD brought the issue to people's attention," said Peter Roeper, an Associate Research Scientist at the Pacific Institute for Research and Evaluation's Prevention Research Center in Berkeley, CA. "MADD is one of the most impressive intentional social change efforts that have existed. The norms have changed and a lot of it is because people like MADD have made it a public concern."

"We would not have had the success we've had without organizations like MADD, but MADD in

and of itself couldn't do it alone. Once they came on board, they needed the support of everyone else—you need penalties and consequences, or in other words, strong enforcement and good laws," said Pam Beer, a consultant on a 2003 Governors Highway Safety Association nation-

AFTER 25 YEARS

wide review of anti-DUI programs commissioned by the National Highway Traffic Safety Administration.

Support for enforcement continues to be strong. According to a recent survey supported by MADD and Nationwide Insurance and conducted by Gallup, Americans continue to show overwhelming support for high-visibility crackdowns, such as sobriety checkpoints, to rid the roadways of drunk drivers. Additionally, Americans continue to support many of the research-based solutions MADD advocates for, such as tougher penalties for high-risk drunk drivers and enforcement of primary seat belt laws. Most Americans agree the issue must be tackled. Almost everyone surveyed mentioned DUI as the worst highway safety problem among a laundry list of items.

Specific survey findings include:

- Nine out of ten Americans (94 percent) believe that driving under the influence of alcohol is a major highway safety problem.
- Sixty percent of those surveyed who said they drink alcoholic beverages on occasion said

New Resource **MODEL SOCIAL HOST LIABILITY ORDINANCE: WITH LEGAL COMMENTARY AND RESOURCES**

As part of its county-wide initiative to reduce underage and dangerous drinking, including the serious and persistent problems associated with home drinking parties, the Training, Applied Research, and Alcohol and Drug Prevention Division of the Ventura County Behavioral Health Department collaborated with the Center for the Study of Law Enforcement and Policy of the Pacific Institute for Research and Evaluation to develop the publication *Model Social Host Liability Ordinance*. The model ordinance and commentary were designed to address communities of diverse settings and needs. They also take into consideration various concerns of municipalities with respect to effectively deterring loud, unruly or dangerous Host Liability and presenting options for imposing fees and recovering costs associated with law enforcement, fire, or other emergency response services. "The intent of this report is to provide useful information to municipal governments, private institutions and community coalitions who are formulating responses to the many problems caused by home parties involving underage drinking," says Kathy Staples, manager Training, Applied Research, and Alcohol and Drug Prevention Division.

To read the full report please visit www.venturacountylimits.org

WHAT PEOPLE THINK SHOULD BE DONE TO REDUCE DUI

In MADD's Survey respondents identified the following top ten factors that discourage people from driving under the influence:

- Realizing they could kill or injure others
- Realizing they could kill or injure themselves
- Jail sentence
- Possibility of losing their license
- Paying substantial fines
- Having car impounded
- Installing an ignition interlock in vehicle if caught
- Fear of losing their job
- Sobriety checkpoints
- Increased auto insurance rates

Respondents also identified the following top ten methods to reduce driving while impaired:

- Encouraging the media to run free public service ads
- Requiring repeat offenders and high BAC offenders to install an ignition interlock
- Giving convicted drunk drivers bigger fines and longer jail terms
- Requiring all DUI offenders to undergo mandatory alcohol abuse assessment
- Making it illegal to have an open container of alcohol in the car
- Increasing news coverage of drinking and driving
- Using sobriety checkpoints
- Requiring all drivers and passengers to wear a seat belt
- Authorizing impoundment and sale of car belonging to repeat offender
- Initiating government restrictions on alcohol advertising that appeals to youth

they have operated a vehicle under the influence of alcohol, or close to being under the influence of alcohol, at some point in their lives.

- Three in four (77 percent) of those surveyed said they had reached out to encourage someone not to drive because they thought the person had too much to drink were successful.
- Eighty-seven percent support sobriety checkpoints, up from 79 percent in 1993 and 83 percent in 2000.

"MADD reminded the country 25 years ago

that drunk driving should not be tolerated by placing the faces of loved ones on the cold, hard statistics that littered our roadways," said Glynn R. Birch, national president of MADD, at a rally celebrating the organization's anniversary. "Now, a quarter century later we challenge the nation to do two things: one, continue to pledge not to drive if they have been drinking to help ensure it won't take another 25 years to substantially reduce drunk driving deaths

and injuries and two, for laws to be passed and for law enforcement to use those tools that we know work: sobriety checkpoints, primary belt laws and restrictions on high-risk drunk drivers. Since 1980 there has been a 44 percent reduction in alcohol-related traffic deaths and an estimated 300,000 lives saved." □

For more information on the survey and learn more about MADD, visit: www.madd.org.



MADD

Activism | Victim Services | Education

INTRODUCING CULTURAL CHANGE IN NEW ZEALAND

LIKE THE UNITED KINGDOM AND THE UNITED STATES, New Zealand experienced an increase in public and political concern over youth drinking through the 1990s and into 2000. A constant supply of media accounts—from out-of-control parties to the 14-year-olds passed out in the shopping malls on Friday nights—raised youth drinking on the public agenda.

In response to concerns, the Alcohol Advisory Council of New Zealand (ALAC) embarked on an ambitious new five-year strategy that at first targeted three key audiences: young people, Māori and Pacific. In addition, ALAC completed in-depth research focused on the why, how, when and what of alcohol consumption for these groups.

Here's what young people think about drinking:

- There's nothing wrong with drinking lots—everyone does it.
- Drinking and drunkenness were part of the rites of passage in New Zealand.
- It was good fun.
- Adults did it too so why all the hypocrisy?

ALAC carried out further research to find out why people drank and also what stopped them

from drinking; attitudes about drinking and drunkenness; and their behavior when drinking.

That research led ALAC to conclude the following:

- Adults model and create a drinking culture in New Zealand that supports intoxication as a social norm.

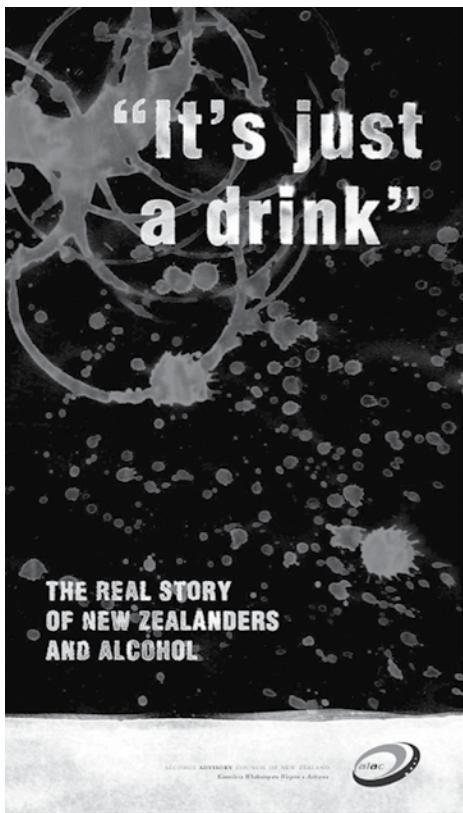
It's not the fact that we drink that's the problem; the problem is how we drink, that is, the excessive per occasion consumption.

- It was the pattern of heavy per occasion consumption drinking that was causing most of the harm and needed to be addressed.

What's more, these attitudes and behaviors are found across all demographic groups.

"It's not the fact that we drink that's the problem; the problem is how we drink, that is, the excessive

per occasion consumption," says ALAC Chief Executive Officer Mike MacAvoy, MD. "The first step to change is to get people to link that pattern with harms, and at the moment many don't recognize that connection. We're not likely to get behavior change if no-one thinks it's their problem . . . New Zealand is a nation that seems to pride itself on the 'save it up for Friday night' style of drinking, the 'we deserve a drink' perspective or consider 'it's a rite of passage that causes little harm.'



Last year, we drank 28.69 million litres of alcohol; 9.14 litres for every person 15 years and over. Internationally, this puts New Zealand 24th in alcohol consumption per capita out of 50 countries

(and one of the few times when we don't grizzle about not being at the top of a world-rankings table).

We don't necessarily want to stop people drinking; we just want them to be responsible and aware of the dangers of excessive consumption.

"This pattern of drinking results in more harms and social costs than those incurred by the dependent drinker," he says. The harms range from injuries resulting from accidents or fights; problems with relationships because of alcohol; problems at work; neglect of family responsibilities; embarrassment from indulging in behaviors that you wouldn't normally indulge in—all are associated with excessive per occasion consumption.

"We don't necessarily want to stop people drinking; we just want them to be responsible and aware of the dangers of excessive consumption," he said.

According to MacAvoy, the program is a long-term strategy. "It's not a silver bullet that'll solve the problem overnight and we've never painted it as such. Just as the drink driving and seatbelt campaigns took several years to succeed, so too will this strategy take time to impact."

Advertising is an important aspect of the program. It follows the 'stages of change' model and ALAC will not move from one phase to another until a set level of engagement from the community had been achieved. Specifically it takes New Zealanders on a journey by

- Enabling New Zealanders to make the connection between risky per occasion consumption and the social and physical harms that result
- Showing New Zealanders that they might be at risk of contributing to that harm and that there is something they can do about it
- Persuading New Zealanders to drink differently so that harm does not occur.

MacAvoy says to get the necessary behavior change. "We have to sell to the New Zealand drinker the notion that we have to reduce the quantity of alcohol we drink on a single occasion."

Rather than focusing on young people, the advertisements are targeted at the general adult population. However, a "one size fits all" approach to advertising is hard to achieve when different adults relate to different sorts of potential harms, reasons to drink or reasons not to drink, says MacAvoy.

"Using our research, we therefore identified three groups: parents with children under 15; men under 35 and women under 35 years old and have specific advertising for each of those groups.

"The reason for targeting adults not just young people is that research shows the drinking culture is pervasive across all ages and demographics. Young people are unlikely to change if the culture they learn to drink in accepts and aspires to drunkenness. Adults need to look at themselves before pointing the finger at young people."

However, he emphasizes that the advertising will not work alone. "It is not about simply delivering a social message by mass media. It is about an integrated program of complementary strategies that the marketing messages are designed to stimulate."

Supporting activities range from achieving better compliance with and enforcement of the Sale of Liquor Act, controlled purchase operations to identify breaches of the Act, parents' programs, policy measures such as tax and price measures, outlet density, advertising and purchase age, community programs, to strategies that focus on the group of dependent and hazardous drinkers who need support and assistance to reduce or stop their drinking.

How ALAC Will Do It

While no single organization has the resources to do the job alone, ALAC believes that "one organization can activate



**HERE IS WHAT NEW ZEALAND'S ALCOHOL ADVISORY COUNCIL
SAY PEOPLE CAN DO TO HELP REACH ITS GOAL OF MAKING NEW
ZEALANDERS UNDERSTAND THAT "IT'S NOT THAT WE'RE DRINKING,
IT'S HOW WE'RE DRINKING THAT IS THE PROBLEM."**

- It's not about preaching the evils of getting drunk.
- It's about each individual owning their own behavior.
- You set the standard. You are often the host for your colleagues, your friends, your family, your children.
- Don't excuse getting drunk. Don't validate it. And please don't laugh at it. Understand the issue: what getting drunk is doing to us.
- Think about how your behavior and your work can make a difference.
- It's small behavior changes and simple support that will result in the bigger solution.
- It starts with all of us. It starts with you.

**Using our research,
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15; men under 35
and women under
35 years old and
have specific
advertising for
each of those
groups.**

the process and, with a shared vision and strategy, lead the necessary cultural change with support from a range of sectors. Change takes place in systems, but it also starts with influential individuals in influential organizations."

According to ALAC, the effective delivery of this social marketing program to change New Zealand's drinking culture requires contributions from all sectors, including:

- Government
- Non government organizations
- Māori and Pacific leaders
- Police and Courts
- Local government
- Producer and supply industries
- Hospitality industry
- Health sector

ALAC will lead the program to change the drinking culture, but it acknowledges that success will be materially affected by the success of the activities of other agencies working

in complementary areas, especially around enforcement and the supply environment.

Although responsible commercial advertising and sponsorship activities are a high profile component of the program, they are not the most important part. The program relies on the involvement and support of many contributors, especially in enforcement, Sale of Liquor Act compliance and policy interventions, and community programs that endorse the message. There is an inter-agency working group coordinated by ALAC, which includes a number of organizations, including the Ministry of Health, ACC, Land Transport New Zealand, Te Puni Kokiri, the Ministry of Justice including the Crime Prevention Unit, New Zealand Police, the Ministry of Youth Development, and Pacific Island Affairs. □

For more information on the ALAC strategy and to view advertisements and other supporting materials, go to www.alcohol.org.nz/CampaignItsNotTheDrinking.aspx

cut Vietnam's male smoking rates to about 30 percent, according to a recently published study funded by the World Health Organization.

Without these measures, deaths from smoking will increase in Vietnam, said study author David Levy, PhD, a senior research scientist at the Pacific Institute for Research and Evaluation's Public Services Research Institute. "And we may be understating future deaths. Our projections don't include second-hand smoke expo-

sure. With the high rate of male smokers, the number of children and family members breathing tobacco smoke in the home is significant."

Smoking by adult women in Vietnam is very low compared to developed countries, at about 2 percent compared to 19 percent in the United States. About 24 percent of adult men smoke in the United States. Health experts believe that female smoking in Vietnam and other developing nations will increase as incomes rise and foreign tobacco become more readily available.

Vietnam was one of the first Asian nations to sign the WHO Framework Convention for Tobacco Control, an international health treaty in response to the growing global health threat posed by tobacco. Tobacco control in Vietnam is in a relatively early stage, with weak enforcement and very low prices. Increased tobacco prices can be the most effective deterrent for tobacco use. Recently, some National Assembly deputies, unhappy with finance ministry tax rates on cigarettes, called for much higher cigarette taxes to help combat the public health threat.

Radical Extension of Police Powers in the UK?

When UK's Prime Minister Tony Blair called for a "radical extension of summary police powers" in a recent speech (*The Guardian*, Sept. 5, 2005) he said: "I don't think that the traditional law can give law-abiding people adequate protection. We are trying to fight 21st-century crime—antisocial behavior, drug-dealing, binge drinking, organized crime—with 19th-century methods as if we still lived in the time of Dickens."

The new police powers, are expected to include measures such as:

- New police powers to cancel late-night extensions for rowdy pubs and clubs without having to bother the courts.
- Fixed penalty fines of 80 for drunk and disorderly behavior. Three tickets and persistent binge drinkers will face a "drinking banning order" barring them from pubs and clubs in a specified area for a specified time, possibly a month. Underage drinkers and those who serve them will face similar fines.
- Extending existing powers implemented in January 2004 to close down crack dens by giving the police wider powers to evict drug dealers first and insist they can only challenge the police action in the courts later.

Judges have warned the Home Office that they are not happy with the idea of imposing restrictions

on people's liberty without a proper hearing. One district judge told Home Office researchers last year: "It would come under the human rights situation, wouldn't it? Making orders without there being any evidence considered?"

Shami Chakrabarti, director of Liberty, a human rights and civil liberties organization, said the prime minister wanted the police to dispense summary justice: "They are no longer investigating crime but dishing out the punishments themselves. If he goes any further than he has already gone, he will be modifying policing in this country for all time."



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Ten Years Ago in *Prevention File* (Vol. 10, No. 4, Fall 1995)

PREVENTION . . . IT'S SENSATIONAL

■ PREVENTION MESSAGES COME IN ALL SHAPES AND SIZES, but the ones being crafted at the Center for Prevention Research in Kentucky are in a class by themselves: fast-moving, quick-changing media images with an appeal to a sensation-seeking audience.

The flavor and content of the experimental television spots are rooted in studies indicating that people with a yen for risk-taking and novel sensations—the skydiver, the auto racer, the bungee jumper—have a greater chance of getting involved with drugs than those whose tastes run to tamer fare.

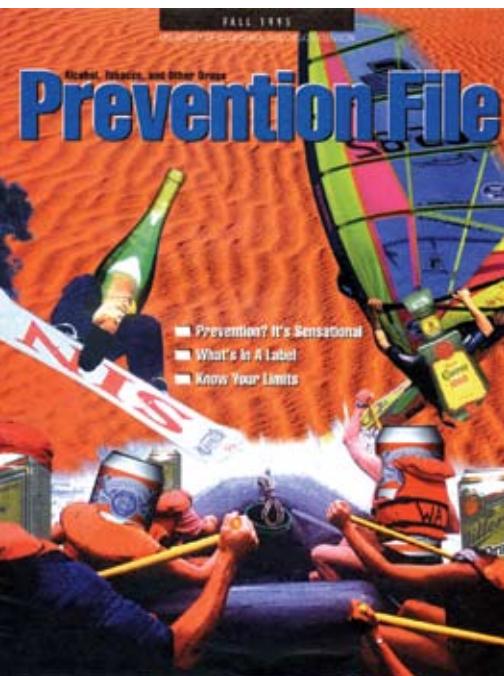
More important, sensation-seeking not only is connected with the appeal of drugs but may be a key to making prevention messages more appealing. Hence the effort to produce prevention spots with the same look and feel as television shows appealing to sensation seekers.

"If we are going to be effective in using media we have to figure out who's watching," says Richard Clayton, PhD, director of the center at Lexington, KY. "Some people like romantic love stories and some like high action adventure. Like market researchers, we're looking for ways to reach a particular segment of the population—people with a high level of sensation-seeking."

A desire to reach drug users through education and the media is one reason why communications expertise is heavily represented on the staff of the Kentucky research center. Research is based on an assumption that there are multiple pathways to drug abuse which involves variables within individuals,

in their social situation and in their environment. "We feel that drug abuse is not a unitary and isolated phenomenon in the life of the individual," says Clayton. "Rather, it's often intertwined with other behaviors. To understand drug abuse we have to consider its connection to other behaviors."

A basic goal of the Kentucky center is to sharpen the focus on prevention strategies. Two concepts help determine the direction of its research. One is that there are two types of young people who get involved with drugs—those whose deviant behavior is confined to their adolescence, and those whose behavior persists into their adult years. Different prevention strategies may be needed to influence the two types.



The other concept is that sensation-seeking—a willingness to take risks to achieve unusual and intense sensations—is an important predictor of drug use. These concepts have led the center into experimenting with media messages tailored to television viewers most likely to be interested in doing drugs. □

Editor's note: Researchers have demonstrated that television public service announcements designed for and targeted to specific teen personality-types can significantly reduce their marijuana use. In a study published in the February 2001 issue of the American Journal of Public Health, researchers report that PSAs with an anti-marijuana use message resulted in at least a 26.7 percent drop in the use of that drug among the targeted teen population. The PSAs were designed to appeal to the 50 percent of teens who tested high (above the median) on sensation-seeking. Teens with this personality trait are much more at risk for using drugs, and for using drugs at an earlier age, than are adolescents who test low as sensation seekers. Philip Palmgreen, PhD, head of the University of Kentucky research team that conducted the study, said that sensation seeking is a "personality trait associated with the need for novel, emotionally intense stimuli and the willingness to take risks to obtain such stimulation."

For more information go to www.uky.edu/RGS/PreventionResearch/mainabout.shtml